

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567565

FILING DATE

FEB 08 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14			/			
15				/		
16				/		
17				/		
18				/		
19				/		
20				/		
21				/		
22				/		
23				/		
24			/			
25				/		
26				/		
27				/		
28				/		
29				/		
30				/		
31				/		
32				/		
33				/		
34			/			
35				/		
36				/		
37				/		
38				/		
39				/		
40				/		
41				/		
42				/		
43				/		
44			/			
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	4	←		←
TOTAL CLAIMS			4			